

# Prescription News!

On October 13, 2004, GlaxoSmithKline, the manufacturer of the Advair Diskus ® 100/50 mcg Inhaler, announced a voluntary recall of some of its product due to a manufacturing defect. Advair is generally used to treat asthma and is inhaled as a powder. Affected inhalers may appear to dispense the medication when in fact no medication is being dispensed to the patient and the 100/50 mcg inhaler strength is the only one affected by the recall. Express Scripts will be contacting State of Delaware members by letter who received an Advair diskus from the Express Scripts Mail Order facility between July 1, 2004 and October 18, 2004. The letter explains the recall and lists the specific lot numbers affected by the recall. If you have questions or would like additional information about this recall, please call GlaxoSmithKline's Customer Response Center at (888) 825-5249 between the hours of 8:00 am and 8:00 pm EST, Monday through Friday. You may also access the GlaxoSmithKline's information online at [www.gsk.com](http://www.gsk.com).

In September 2004, Merck voluntarily withdrew Vioxx from the marketplace due to a study which showed increased risk for cardiovascular events, such as heart attack and stroke, beginning after 18 months of treatment in patients taking Vioxx. As a result of Merck's decision to withdraw Vioxx, Express Scripts will no longer fill or refill Vioxx prescriptions to their clients. You will need to contact your health care provider to discuss alternative treatments. If your health care provider prescribes a 90-day supply of a different medication, Express Scripts can immediately fill the new prescription. Express Scripts cannot provide refunds for Vioxx. For refund information, please contact Merck directly at (888) 36-VIOXX (1-888-368-4699) or visit their website at [www.vioxx.com](http://www.vioxx.com) or [www.merck.com](http://www.merck.com).

Additional retail pharmacies have accepted the State of Delaware's 90-day mail order rate! Please contact Express Scripts at (800) 513-9502 or log onto State Personnel's website at [www.delawarepersonnel.com/benefits](http://www.delawarepersonnel.com/benefits) to view a complete list of pharmacies who agreed to fill 90-day medications for the following copayments:

Tier 1: Generic drug	\$15.00 copay
Tier 2: Preferred brand Drug	\$30.00 copay
Tier 3: Non-Preferred brand drug	\$70.00 copay

**Want more information on the State of Delaware's prescription drug program? Please log onto State Personnel's website at [www.delawarepersonnel.com/benefits](http://www.delawarepersonnel.com/benefits).**

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